

PTO/SB/30 (10-01)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents Mail Stop: RCE Alexandria, Virginia 22313-1450

Application Number	10/600,851 / 8477				
Filing Date	June 19, 2003				
First Named Inventor	Philip B. James-Roxby				
Art Unit	2188				
Examiner Name	Craig E. Walter				
Attorney Docket Number	X-1279 US				

=/IFW

Request for Continued Ex	or Continued Examination (F amination (RCE) practice under 37 CF blication. See Instruction Sheet for RC	R 1.114 does	not apply to a	ny utility or plant application	
Submission requir	1. (Submission required under 37 C.F.R. 1.114 ) # 04/18/2006 MWOLDGE1 00000029 10600851				
a. X Previously su		82 FE	189 <u>1</u> 1251	790:00 DA	uary 27, 2006
i. X Consider (Any une	the amendment(s)/reply under 37 entered amendment(s) referred to above will	U.F.K. § 1.1 Il be entered).	16 previousi	y filed on	
ii. 🔲 Consider iii. 🔲 Other	the arguments in the Appeal Brie	f or Reply Bri	ef previously	filed on	
b. Enclosed i. Amendm	ent/Reply	iii. 🔲 Info		closure Statement (IDS)	
ii. Affidavit(s	s)/Declaration(s)	iv. Oth			
2. Miscellaneous		{ ·			00851
a.   Suspension of	of action on the above-identified a	pplication is	<u>801</u> <b>G</b> auested un	790.00 DA 1180.87 QAF.R. § 1.103(c)	for
□ a period of _ b. □ Other	months. (Period of suspe	ension shall not e	xceed 3 months	s; Fee under 37 C.F.R. § 1.17(i) i	required)
D. U Oulei					
3. Fees The RCE f	ee under 37 C.F.R. § 1.17(e) is required by	37 C.F.R. § 1.11	4 when the RCI	E is filed.	
a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 24-0040					
	quired under 37 C.F.R. 1.17(e) in the a				
<u>iii.</u> 🗍 Other			Within	First Month \$120.0	0
	amount of \$credit card (Form PTO-2038 enclosed)	enclosed			
	•	nav becom	e public.	Credit card informa	tion should not
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
Name (Print /Type)	Kim/Kanzaki		Registrati	on No. (Attorney/Agent)	37,652
Signature	$M_{\Lambda}$		Date	April 12	, 2006
CERTIFICATE OF MAILING OR TRANSMISSION					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail / EXPRESS MAIL in an envelope addressed to: Corrimissioner For Patents, Mail Stop: RCE, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:					
Name (Print/Type)	( Pat Tompkins				
Signature	Town Ox	1.00 1	Date	e April 12. 2	2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Commissioner for Patents, Mail Stop: RCE, Alexandria, Virginia 22313-1450.

PTO/SB/17 (10-02)
Approved for use through 10-31-2002. OMB 0651-0032
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## **FEE TRANSMITTAL** for FY 2005

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$) 910.00

Complete if Known					
Application / Conf. No.	10/600,851 / 8477				
Filing Date	June 19, 2003				
First Named Inventor	Philip B. James-Roxby				
Examiner Name	Craig E. Walter				
Art Unit	2188				
Attorney Docket No.	X-1279 US				

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:	3. ADDITIONAL FEES Large Entity Fee Fee			
Deposit Account	Code	(\$)	Fee Description	Fee Paid
Deposit Account 24-0040	1051	130	Surcharge - late filing fee or oath	
Account Number 24-0040	1052	50	Surcharge - late provisional filing fee or cover sheet.	
Deposit Account XILINX, INC.	1812	2,520	For filing a request for exparte reexamination	
Name	1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	120	Extension for reply within first month	\$120
1. BASIC FILING FEE	1252	450	Extension for reply within second month	
Large Entity	1253	1020	Extension for reply within third month	
Fee Fee Description Fee	1254	1,530	Extension for reply within fourth month	
Paid Code (\$)	1255	2,080	Extension for reply within fifth month	
1001 770 Utility filing fee	1401	500	Notice of Appeal	
1002 330 Design filing fee	1402	500	Filing a brief in support of an appeal	
1003 510 Plant filing fee  1004 790 Reissue filing fee	1403	1000	Request for oral hearing	
105 160 Provisional filing fee	1451	1,510	Petition to institute a public use proceeding	
	1452	110	Petition to revive - unavoidable	
SUBTOTAL (1) (\$)	1453	1,500	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from	1501	1,400	Utility issue fee (or reissue)	
Extra below Fee Paid	1460	130	Petitions to the Commissioner	
Total Claims -20** = X = X	1807	50	Petitions related to provisional applications	
Indep. Claims - 3** = X  = X  = Multiple Dependent Claims	1806	180	Submission of Information Disclosure Stmt	
**or number previously paid, if greater, For Reissues, see below	8021	40	Recording each patent assignment per property (times number of properties)	
Large Entity Fee Fee Fee Description Code (\$)	1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1202 18 Claims in excess of 20 1201 86 Independent claims in excess of 3 1203 290 Multiple dependent claim, if not paid	1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 **Reissue independent claims over original patent 1205 18 **Reissue claims in excess of 20 and over original patent	1801	790	Request for Continued Examination (RCE)	\$790
	Other fe	e (specify)		
SUBTOTAL (2) (\$)	*Reduc	ed by Basi	c Filing Fee Paid SUBTOTAL (3) (\$)	910.00

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652	Telephone	408-879-6149
Signature				Date	04-12-2006

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